

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/593203** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		①		1			54						
5		①		1			55						
6		①		1			56						
7		①		1			57						
8		①		1			58						
9		①		1			59						
10		①		1			60						
11	1		1				61						
12		1		1			62						
13		1		1			63						
14		1		1			64						
15		1		1			65						
16		1		1			66						
17			1				67						
18			1				68						
19			1				69						
20			1				70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
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28							78						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2		0		TOTAL IND.	0		0		0	
TOTAL DEP.	15	←	18	←	0	←	TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	17		20		0		TOTAL CLAIMS	0		0		0	